

HEAD OF HOUSEHOLD NAME _____ SSN _____

SHHP FAMILY REPORT FORM 50058

1. Agency Name:											
2a. Type of Action	<input type="checkbox"/> 1=New Admission <input type="checkbox"/> 2=Annual Reexamination <input type="checkbox"/> 3=Interim Reexamination <input type="checkbox"/> 6=End Participation <input type="checkbox"/> 7=Other Change of Unit						<input type="checkbox"/> 8= FSS/WTW Addendum Only <input type="checkbox"/> 9=Annual Reexamination-Searching <input type="checkbox"/> 10=Issuance of Voucher <input type="checkbox"/> 11=Expiration of Voucher				
2b. Effective Date of this action:											
2i. Projected Effective Date of NEXT reexamination:											
2k. FSS participation now or in the last year? <input type="checkbox"/> Y <input type="checkbox"/> N											
3. HOUSEHOLD:											
LAST NAME	FIRST NAME	MI	DOB	AGE	SEX	TYPE	CITIZEN TYPE	DISAB	RACE	ETH	SSN
1)						H					
2)											
3)											
4)											
5)											
6)											
7)											
8)											
9)											
3t. TOTAL NUMBER IN HOUSEHOLD											

TYPE
 H=Head
 S=Spouse
 K=Co-head
 F=Foster child/adult
 Y=Other Youth under 18
 E=Full-time Student 18+
 L=Live-in Aide
 A=Other Adult

CITIZENSHIP
 EC=Eligible Citizen
 EN=Eligible Non-citizen
 IN=Ineligible Non-citizen
 PV=Status Pending

RACE
 1=White
 2=Black/African American
 3=Am. Indian/Alaska Native
 4=Asian
 5=Native Hawaiian/ Other Pacific Islander

ETHNICITY
 1=Hispanic or Latino
 2=Not Hispanic or Latino

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5. UNIT TO BE OCCUPIED ON EFFECTIVE DATE OF ACTION:		
a. Address:		
City:	State: CO	Zip:
d. Number of Bedrooms in the Unit:		
h. Date unit last passed inspection (M/D/YYYY):	i. Date of last annual HQS Inspection (M/D/YYYY):	
j. <u>MANDATORY FIELD</u>: Year Unit was built (YYYY):		
Landlord Name:		Tax ID:
Address:		City,State,Zip:
k. Structure Type: <i>(check only one)</i>	<input type="checkbox"/> Single Family detached <input type="checkbox"/> Low-rise (3< stories) <input type="checkbox"/> Semi-detached (# Plex) <input type="checkbox"/> Rowhouse/townhouse (# Plex) <input type="checkbox"/> High rise with elevator (4+ Stories) <input type="checkbox"/> Manufactured home	

6. ASSETS				
FAMILY MEMBER	TYPE OF ASSET	PASSBOOK/ INTEREST RATE	CASH VALUE	ANTICIPATED INCOME

TOTAL ANNUAL ASSET INCOME \$ _____ 6j

7. INCOME: Eligible for the Mandatory Earned Income Disregard?					
Eligible for 100% or 50% disregard?					
(Monthly income x 12, minus Income Disregard= Annual Income)					
FAMILY MEMBER	Income Code	Monthly Income	Annual Income	Income Disregard	ANNUAL INCOME
TOTAL					7i.

INCOME CODES: B=Own Business F=Federal wage HA=PHA wage M=Military pay W=Other wage	WAGES B=Own Business F=Federal wage HA=PHA wage M=Military pay W=Other wage	WELFARE G=General Assistance IW=Annual imputed welfare income T=TANF	SS/SSI/ PENSION P=Pension S=SSI SS=Social Security	OTHER INCOME SOURCE C=Child Support N=Other non-wage sources U=Unemployment benefits
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8a. EXPECTED TOTAL ANNUAL INCOME PER YEAR (6j+7i):

\$ _____

8f. Medical/disability threshold (8a x 0.03)		8f
8g. Total annual unreimbursed disability assistance expense (if no disability expenses, skip to 8k).		8g
8h. Maximum disability allowance:	If 8g minus 8f is positive or zero, enter amount	8h
	If negative and head/ spouse/co-head is under 62 and not disabled, enter zero (0)	8h
	If negative and head/spouse/co-head is elderly or disabled, copy from 8g	8h
8i. Annual earnings made possible by disability assistance expense.		8i
8j Allowable disability assistance expense (lower of 8h or 8i [if 8g is less than 8f and head/spouse/co-head elderly or disabled, copy from 8h])		8j
8k Total annual unreimbursed medical expenses (if head/spouse/co-head under 62 and not disabled, enter zero (0))		8k
8m. Total annual disability assistance and medical expenses: 8j+8K (if not disabled, 8k)		8m
8n. Medical/disability assistance allowance:		
	If no disability assistance expenses or if 8g is less than 8f, enter 8m minus 8f (if 8m minus 8f is negative, enter 0)	8n
	If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m	8n
8p. Elderly/disability allowance (\$400)		8p
8q. Number of dependents (people under 18 or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide).		8q
8r. Allowance per dependent (\$480)		8r
8s. Dependent allowance (8q x 8r)		8s
8t. Total annual unreimbursed childcare costs		8t
8x. Total allowances: 8n+8p+8s+8t		8x
8y. Adjusted annual income: 8a minus 8x (if 8x is larger, enter 0)		8y

9. TOTAL TENANT PAYMENT (TTP)

a. Total Monthly Income (8a/12)	9a
c. TTP if based on annual income: 9a x 0.10	9c
d. Adjusted monthly income: 8y / 12	9d
e. Percentage of adjusted monthly income	0.30 9e
f. TTP based on adjusted annual income: (9d x 9e)	9f
h. Minimum rent (\$25 or, if waived, enter 0)	9h
j. TTP, highest of lines 9c, 9f, or 9h	9j

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12. SECTION 8 VOUCHERS

a. Number of bedrooms on Voucher		
b. Is family now moving to this unit (Y or N)		
g. Housing type <input type="checkbox"/> Own manufactured home, lease space <input type="checkbox"/> PBA	<input type="checkbox"/> Group Home (prorate gross rent) <input type="checkbox"/> SRO, 1 room occupied by 1 person <input type="checkbox"/> Live-in Aide <input type="checkbox"/> Shared Housing <input type="checkbox"/> Roommate	
j. Payment standard for the family	12j	
k. Rent to Owner	12k	
m. Utility Allowance	12m	
p. Gross rent of unit: 12k +12m (or space rent)	12p	
q. Lower of 12j or 12p	12q	
r. TTP (9j)	12r	
s. Total HAP: 12q minus 12r	12s	
t. Total family share: 12p minus 12s	12t	
u. HAP to owner: lower of 12k or 12s	12u	
v. Tenant rent to owner: 12k minus 12 u	12v	
w. Utility reimbursement to family: 12s minus 12u, not to exceed 12m	12w	

Homeownership, FSS, and Welfare to Work Participants: Use additional forms.

40% RULE:

The tenant may not pay more than 40% of their adjusted monthly income for rent and utilities. In order to determine whether or not the tenant passes the 40% test, complete the following:

Is this a New Admission or Move? ☐ Yes ☐ No

Is the Gross Rent greater than the Payment Standard? ☐ Yes ☐ No

If "YES" to both questions, you must do the 40% test:

From the above 50058 form:

$$9d \times 0.40 = \text{Maximum TTP}$$

Is 12t on the 50058 form the same or less than the maximum TTP? ☐ Yes ☐ No

If "YES", the tenant can lease the unit.